

# Cover Sheet

Town of Ashburnham  
32 Main Street  
Ashburnham, MA 01430  
978-827-4100 Ext. 6  
978-827-4105 Fax Number

**website: Ashburnham-Ma.Gov**

Name of Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
Ashburnham, MA 01430

MAP \_\_\_\_\_ Parcel \_\_\_\_\_

## Sign off Sheet:

Tax Collector's Office \_\_\_\_\_  
(No taxes owed) \_\_\_\_\_ Date \_\_\_\_\_

Conservation Agent \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

Board of Health Agent \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

This building permit is used for accessory buildings and structures (roofs, fences, pools, gazebo, shed, decks, farmer's porch, garages, addition, windows, and doors)

1. Will need copy of **construction supervisor license**
2. **HIC** Registration (If 1 to 4 family/ owner occupied)
3. **Contract** if not doing work yourself
4. **Copy of Certificate of Liability Insurance/Workers Compensation**
5. **Copy of Plot Plan**
6. Copy of Deed
7. Complete set of plans if applicable

Thank you,

Richard Reynolds, Building Commissioner  
Zoning Enforcement Officer



# TOWN OF ASHBURNHAM

## BUILDING DEPARTMENT

32 Main Street  
Ashburnham, MA 01430

PERMIT # \_\_\_\_\_

DATE \_\_\_\_\_

Tel: (978) 827-4100 ext.6

Fax: (978) 827-4105

**IMPORTANT - Complete all items. Mark boxes where applicable. PLEASE TYPE OR PRINT IN INK.**

Name of Owner: \_\_\_\_\_

LOCATION OF  
IMPROVEMENT \_\_\_\_\_

Zone	Lot	Map	Permit #	Fee
Use Group		Type Const.	Permit Type	

### TYPE AND COST OF BUILDING - All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT	D. PROPOSED USE	NON-RESIDENTIAL
1. <input type="checkbox"/> New Building	<b>RESIDENTIAL</b>	18. <input type="checkbox"/> Amusement, recreational
2. <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any in Part D, 13.) Age _____	12. <input type="checkbox"/> One Family	19. <input type="checkbox"/> Church, other religious
3. <input type="checkbox"/> Alteration (See 2 above)	13. <input type="checkbox"/> Two or more family Enter number of units _____	20. <input type="checkbox"/> Industrial
4. <input type="checkbox"/> Repair, replacement	14. <input type="checkbox"/> Transient hotel, motel, or dormitory. Enter number _____	21. <input type="checkbox"/> Parking garage
6. <input type="checkbox"/> Moving (relocation)	15. <input type="checkbox"/> Garage	22. <input type="checkbox"/> Service station, repair garage
6. <input type="checkbox"/> Foundation only	16. <input type="checkbox"/> Carport	23. <input type="checkbox"/> Hospital, institutional
7. <input type="checkbox"/> Demolition	17. <input type="checkbox"/> Work - Specify _____	24. <input type="checkbox"/> Office, Bank, professional
		25. <input type="checkbox"/> Public utility
		26. <input type="checkbox"/> School, library, other educational
		27. <input type="checkbox"/> Stores, mercantile
		28. <input type="checkbox"/> Tanks, towers
		29. <input type="checkbox"/> Other - Specify _____

#### B. OWNERSHIP

1. ☐ Private (Individual, corporation, non-profit institution, etc.)
2. ☐ Public (Federal, State or Local Gov.)

#### C. COST

10. ☐ Value of Improvement ..... \$ \_\_\_\_\_
- To be installed but not included in the above cost.
- a. Electrical ..... \$ \_\_\_\_\_
- b. Plumbing ..... \$ \_\_\_\_\_
- c. Heating, air conditioning ..... \$ \_\_\_\_\_
- d. Other (elevator, etc.) ..... \$ \_\_\_\_\_
11. ☐ TOTAL VALUE OF IMPROVEMENT ..... \$ \_\_\_\_\_

(OMIT CENTS)

DESCRIPTION - Describe in detail proposed use of buildings.

If use of existing building is being changed, enter proposed use.

### SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L. ALL OTHERS SKIP TO PART IV.

E. PRINCIPAL TYPE OF FRAME	G. TYPE OF SEWAGE DISPOSAL	J. DIMENSIONS
30. <input type="checkbox"/> Masonry (wall bearing)	39. <input type="checkbox"/> Public or private company	45. Number of stories _____
31. <input type="checkbox"/> Wood frame	40. <input type="checkbox"/> Individual (septic tank, etc.)	46. Total square foot of floor area, all floors, based on interior dimensions _____
32. <input type="checkbox"/> Structural steel		47. Total land area, sq. ft. _____
33. <input type="checkbox"/> Reinforced concrete	<b>H. TYPE OF WATER SUPPLY</b>	<b>K. NUMBER OF OFF STREET PARKING SPACES</b>
34. <input type="checkbox"/> Other - Specify _____	41. <input type="checkbox"/> Public or private company	48. Enclosed _____
	42. <input type="checkbox"/> Individual (well, cistern)	49. Outdoors _____
<b>F. PRINCIPAL TYPE OF HEATING</b>	<b>I. EXTERIOR FINISH</b>	<b>L. RESIDENTIAL BUILDING ONLY</b>
35. <input type="checkbox"/> Gas	43. <input type="checkbox"/> Covering of outer walls - Specify _____	50. Number of bedrooms _____
36. <input type="checkbox"/> Oil	44. <input type="checkbox"/> Roof covering materials - Specify _____	51. Number of bathrooms - Full _____
37. <input type="checkbox"/> Electricity		Partial _____
38. <input type="checkbox"/> Other - Specify _____		52. Total number of rooms _____

PROPOSED WORK: Please check

☐ Repair(s)

☐ Alteration(s)

☐ Addition(s)

**Owner of record:**

Individual or Corporation

Address:

Number Street

City or Town

State

Zip

Authorized Agent:

Print Name

Address:

Number Street

City or Town

State

Zip

SIGNATURE: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

**Registered Architect:**

Print Name

Address:

Number Street

City or Town

State

Zip

SIGNATURE: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

REGISTRATION #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

**Registered Professional Engineer:**

Print Name

Address:

Number Street

City or Town

State

Zip

SIGNATURE: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

REGISTRATION #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

**Peer Review Engineer:**

Print Name

Address:

Number Street

City or Town

State

Zip

SIGNATURE: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

REGISTRATION #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

**Contractor:**

Print Name

Construction Supervisor License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Home Improvement Registration #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Address:

Number Street

City or Town

State

Zip

SIGNATURE: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_



*The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street, Suite 100  
Boston, MA 02114-2017*

*www.mass.gov/dia*

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.  
TO BE FILED WITH THE PERMITTING AUTHORITY.**

**Applicant Information**

**Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.]†
4. ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
6. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

†Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.***

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

**Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.**

***I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

***Official use only. Do not write in this area, to be completed by city or town official.***

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (circle one):**

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**TOWN OF ASHBURNHAM  
BUILDING DEPARTMENT**

**HOMEOWNER LICENSE EXEMPTION**

Please Print.

DATE \_\_\_\_\_

JOB LOCATION \_\_\_\_\_  
Number Street Address

"HOMEOWNER" \_\_\_\_\_  
Name Home Phone Work Phone

PRESENT MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_  
City/Town State Zip Code

The current exemption for "homeowners" was extended to include owner-occupied dwellings of six units or less and to allow such homeowners to engage an individual for hire who does not possess a license, provided that the owner acts as supervisor. (State Building Code Section 109.1.1)

**DEFINITION OF HOMEOWNER:**

Person(s) who owns a parcel or land on which he/she resides or intends to reside, on which there is, or is intended to be, a one to six family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. Such "homeowner" shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit. (Section 109.1.1)

The undersigned "homeowner" assumes responsibility for compliance with the State Building Code and other applicable codes, by-laws, rules and regulations.

The undersigned "homeowner" certifies that he/she understands the Town of Ashburnham Building Department minimum inspection requirements and requirements and that he/she will comply with said procedures and requirements.

HOMEOWNER'S SIGNATURE \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in \_\_\_\_\_ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street, Suite 100  
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)

Revised 02-23-15



**TOWN OF ASHBURNHAM  
OFFICE OF THE BUILDING COMMISSIONER  
32 MAIN STREET  
ASHBURNHAM, MA 01430**

Richard C. Reynolds  
Building Commissioner/Zoning Officer

In accordance with the provisions of MGL c. 40, S. 54,  
a condition of Building Permit Number \_\_\_\_\_ is  
that the debris resulting from this work shall be disposed  
of in a properly licensed solid waste disposal facility as  
defined by MGL c. 111, S 150A.

The debris will be disposed of in:

\_\_\_\_\_  
(Location of facility)

\_\_\_\_\_  
Signature of permit applicant

\_\_\_\_\_  
Date